PLACE OF BIRTH ARIZONA STATE BOARD OF must be made for each, BUREAU OF VITAL STATISTICS District of ORIGINAL CERTIFICATE OF BIRTH WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD case of more than one child at a birth, a SEPARATE RETURN must be made for the number of each, in order of birth, stated. or City of ... No. St. Ward)

Courred of a hospital or institution, give its NAME instead of street and number) (K birth ee Smith 2. Full name of child 3. Sex of Tchild To be answered ONLY in event of 6. Legiti-7. Date piural births. of birth 4. 9. 24 (Month, day, year) 8. Full name **FATHER** 14. Full maider name 15. Resid 10. Color or 16. Color 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) WRITE PLAINLY WITH 13. Occupation 19. Occupation Nature of Industry 20. Number of children of this moth (Taken as of time of birth of children in certified and including this child.) (a) Born alive and now living... ...(b) Born alive but now dead......(c) Stillboo CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. j B.—In Given name added from a supplemental report (Month, day, year) Registrar.

HEALTH

If child is not yet named, make supplemental report, as directed

County Registrar.

State Index No.

Co. Registrar No.

Local Registrar